



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Julia LJUBIMOVA, et al.

Serial No: 09/741,550

Filed: December 19, 2000

For: USING OVEREXPRESSION OF LAMININ ALPHA 4  
SUBUNIT AS A DIAGNOSTIC AND PROGNOSTIC  
INDICATOR OF MALIGNANT TUMORS

Art Unit: 1634

Examiner: J.A. GOLDBERG

I hereby certify that this correspondence is  
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July 30, 2004Date of Deposit  
Heather Centurioni

Name

Signature

07/30/04

Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of \_\_\_ Patent Application No. \_\_\_ filed \_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	49	-	74 **	0	LG=\$18 SM=\$9 \$9	\$ 0 0
INDEPENDENT CLAIMS FEE	5	-	7 ***	0	LG=\$84 SM=\$42 \$42	\$ 0 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2899, referencing docket number 356830.00300.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
LINER YANKELEVITZ  
SUNSHINE & REGENSTREIF LLP

Date: July 30, 2004

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